

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/14/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/14/12</p> <p>Facility Number: 000059 Provider Number: 155697 AIM number: 100266560</p> <p>Surveyor: Steve Corya, Life Safety Code Specialist/IDF-IDD Surveyor Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Clark Rehabilitation and Skilled Nursing Center was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (111) construction and was not fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident rooms. The facility has a capacity of 83 and had a census of 65 at the time of this survey.</p> <p>The facility was not in compliance with state law in regard to sprinkler coverage, and in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents had customary</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	access were a sprinklered except an awning in the courtyard that was wider than 4 feet, made of combustible material, and attached to the building that was not sprinklered. All areas providing facility services were sprinklered except for a separate detached building off of the courtyard used for residents to smoke in that is not sprinklered.						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to have an awning that was over 4 feet wide, combustible, and attached to the building sprinklered. This deficient practice could affect any residents using the courtyard.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on August 14, 2012 from 11:00 a.m. to 12:00 noon with the maintenance man, the awning in the courtyard was wider than four feet, made of combustible material, attached to the building</p>			K9999	<p>No residents were affected by the alleged deficient practice. All residents have the potential to be affected by the same alleged deficient practice. The measures that will be put into place to ensure the alleged deficient practice does not recur includes the following: Automatic sprinklers will be installed connecting to the existing fire protection pipe located in an adjacent room to supply the area of the canopy. The installation will be in accordance with NFPA standards and local code requirements. The system will be monitored by the maintenance supervisor thru the preventive maintenance program and reported to the Executive Director monthly and reviewed in the Performance Improvement Committee meeting monthly for 6 months. The date of correction will be 9/30/2012</p>		09/30/2012

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	and was not sprinklered. An interview with the maintenance man at the time of observation indicated the awning was over four feet wide and should be sprinklered. 3.1-19(ff)						